STANDARD CERTIFICATE OF DEATH ARIZONA STATE DEPARTMENT OF HEALTH		0.4 ~
FEDERAL SECURITY ACENCY A DISTRICT OF	F VITAL STATISTICS State File No	215
U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE OF VITAL STATISTICS	Register	41
1. Place of Death: (a) County Seems (b) City or Town (If outside	Morance (c) Location	+ sales
	city limits also write RURAL) (St. & No. (or I.W.	ame of Institution)
(Specify whether years, Jonths or days)		
	County Readles (c) City or Town (II sutside city limit	200
(d) Street No		
Male Country		
3. (a) FULL NAME CHIEFT. EUROS. Full Veteran name war. Security No 527-07-602		
4. Sex   5. Race   6. (a) Single, married, widowed		
White Indian Negro or divorced	MEDICAL CERTIFICATION	3/ 1/8
6. (b) Not of husband   6. (c) Age of husband	20. DATE OF DEATH (Month, day and year)	A 19 7 0
Olives Howes or wife, if alive 46 rs.	TIME (Hour and minute)	М.
7. Birthdate of deceased aug 49-1900	21. I hereby certify that I attended the deceased from.	
(Month) (Day) (Year)	that I last saw hem the on June 24	10 4
8. AGE: Years Months Days If less than one day	and that death occurred on the date and hour stated above.	19
Castral User	Immediate cause of death	DURATION
9. Birthplace (City, town or county) State or Country)	Quinahot wound in brain	
10. Usual Occupation. Carpender		
Hox Compland	Due to	
11. Industry or Business		<u> </u>
12. Name	Due to	
(City, town or county) (State or Country)		
Ely vi " Mala Chell	Other conditions	
14. Maiden Name July 1000 VIII.	Major lindings: Of operations	PHYSICIAN
(City, town or county) (State or Country)	Of Operations	Underline the
Laving Ha was	Of autopsy	death should be charged
16. (a) Informant's own signature.		statistically
(b) Address Lower 10 42 Sufferiores	22. If death was due to external causes, fill in the following:	
17. (a) Burial, Cremation or Removal.	(a) Accident, suicide or homicide (specify) Suicide	
(b) Place Clifton am (c) Date 6/24 1948	(b) Date of occurrence June 241949	
18. (a) Embalmer's Signature 2000 M10Mules	(c) Where did injury occur Clifton, Greenler, Augora (City or Town) (County) (State)	
(b) Funeral Director E TO FUNERAL HUME	(d) Did injury poseur in or about home, on farm, in industrial place, in public	
(c) Address Oletton armona	place? Hom	
6-210 (18)	(Specify type of place) While at work? M. (e) Means of injury Surrehad	
19. (a) (Date received Local Registrar)	b O-t- 11. I Chamb	w -
(b) Jung Strubland	23. Signature Sully of Mulland Corota	1-21-20
(Registrar's Signature)		
⑤ 40M—100% Rag—1-47		

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